1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST TAMES NICKNAME LAST	MI F SUFFIX	OFFICE USBONLY Date Received 7
	MITCHELL		23
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: C 9007 HUNTERS TRAC	e Austin, Tr 78758	3 III 988
Change of Address	TITLE FIRST	МІ	Receipt #
TREASURER NAME	MARNY N	SUFFIX	HD / PM Amount Date Processed
:	Mitchell	/	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI	ITE#: CITY: STATE: PACE AUSTIN, TY	ZIP CODE 78758
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (572) 836-273/	EXTENSION	
8 REPORT TYPE	July 15 30th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Altach C/OH - FR)
9 PERIOD COVERED	Month Day Year 01/01/98 THRO	OUGH 06/30	Year 98-
10 ELECTION	ELECTION DATE Month Day Year 11 / 02 / 98 Primary	ting time	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if know	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign expenditures are required to disclose this information.	enditures made by others without the car	ndidate's prior consent or approval:
INDIVIDUALS	Name No NC	To Code	
additional pages	Address / PO Box, Apt. / Suite #; City; State;	Zip Code	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

 			
14 C/OH NAME	JAMES	, F. M. tchell	15 ACCOUNT # (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	des political expenditures by political committees to support the candidate nout the candidate's or officeholder's knowledge or consent. Candidates an ey receive notice of such expenditures.	
	COMMITTEE TYPE	RONE	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 6
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 6
19 AFFIDAVIT		I swear, or affirm, under penalty of pe	eriury that the accompanying report
No.	ROBERT VANN otary Public, State of Tex My Commission Expires APRIL 14, 2001	is true and correct and includes all in me under Title 15, Election Code. Ame	formation required to be reported by
AFFIX NOTARY STAMP	Y SEAL ABOVE	Signature of Candid	date or Officeholder
Sworn to and subscribed 19	before me, by the sa nich, witness my han		6 day of July
Signature of officer adi	Wanner ministering oath	Robert VANN A Print name of officer administering oath Title	Jotary Public of officer administering oath

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (5thics Commission filers) Date Amount of 5 Full name of contributor out of state PAC In-kind contribution contribution (\$) description(if applicable) 6 Contributor address; City; State; Zip Code Principal occupation 10 Employer (pptional) Date Full name of contributor out of state AC Amount of In-kind contribution contribution (\$) description(if applicable) Contributor address; City; State; Zip Code Principal occupation Employer (optional) Date Full name of contributor Amount of In-kind contribution out of state PAC contribution (\$) description(if applicable) Contributor address; City; State; / Zip Code Principal occupation Employer (optional) Date Full name of contributor In-kind contribution out of state PAC Amount of contribution (\$) description(if applicable) Contributor address; City; State; Zip Code Principal occupation Employer (optional) Full name of/contributor Date Amount of In-kind contribution out of state PAC contribution (\$) description(if applicable) Contributor address; City; State; Zip Code Principal occupation Employer (optional) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

		. •		SCHEDULE B
The Instruction	אס Guide explains how to complete this form	1-	1 Total pages Sched	dule B:
FILER NAM	E		3 ACCOUNT# (Ethi	ics Commission filers)
TOTAL	OF UNITEMIZED PLEDGES:	p p p	\$ \$	\$
Date	6 Full name of pledgor	out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip	Code		;
0 Principal occu	pation	11 Employer (option	onal)	
Date	Full name of pledgor Pledgor address; City; State; Zip	out of state PAC Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation	Employer (option	onal)	•
Date	Full name of pledgor Pledgor address; City; State; Zip	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation	Employer (òptic	onal)	[· <u> </u>
Date	Full name of pledgor Pledgor address; City; State; Zip Code	out of stale PAC	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation	Employer (option	onal)	<u></u>
Date	Full name of pledgor Pledgor address; City; State; Zig	ut of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation	Employer (option	ional)	

exas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506

LOANS				SCHEDULE E
The Instruction Gui	DE explains how to complete this form.		1 Total pages Sche	dule E:
2 FILER NAME			3 ACOOUNT # (Eth	ics Commission filers)
4 TOTAL OF UN	NITEMIZED LOANS:	\$\phi\$ \$\phi\$ \$\phi\$ \$\phi\$	 	\$
5 Date of loan	7 Name of lender	ut of state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Description of Collate	ral			
13 GUARANTOR INFORMATION	14 Name of guarantor	/		16 Amount Guaranteed (S)
not applicable	15 Guarantor address; City; State;	/		
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	out of state PAC		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City, State;	Zip Code		Interest rate
Υ Ν.	/			Maturity date
Description of Collate	eral /	·		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;			
Principal Occupation	<u> </u>	Employer	<u></u>	
lf lender	ATTACH ADDITIONAL Co is out-of-state PAC, please see ins			requirements.

P.O. Box 12070

	POLITIC	CAL EXPENDITURES	•	-	SCHEDULE F
	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sch	edule F:
2	FILER NAME	=		3 ACCOUNT# (E	thics Commission filers)
4	Date	5 Payee name		7	Amount (S)
		6 Payee address; City; State; Zip Code			
8	Purpose of exp	penditure	9 · Complete if direct expr Candidate / Officeholder		OH •• Office sought / held
	Date	Payee name	\		Amount (\$)
		Payee address; City; State; Zip Code			
	Purpose of exp	penditure	·· Complete if direct exp Candidate / Officeholder	enditure to benefit C name	Office sought / held
	Date	Payee name			Amount (\$)
4		Payee address; City; State; Zip Code	······································		
	Purpose of ex	penditure	Complete if direct exp Candidate / Officeholder		/OH •• Office sought / held
	, Date	Payee name			Amount (\$)
		Payee address; City; State; Zip Code			
	Purpose of ex	penditure	Complete if direct exp Candidate / Officeholder		Office sought / held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED	

	ICAL EXPENDITURES FROM PERSONAL FUNDS			
The Instruct	TION GUIDE EXPLAINS how to complete this form.	1 Total pages Sci	nedule G:	
FILER NA	ME	3 ACCOUNT# (I	Ethics Comm	nission filers)
Date	5 Payee name		8	Amount (\$)
	6 Payee address: City; State; Zip Code		•	
	7 Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name			Amount (\$)
	Payee address; City: State; Zip Code			
	Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name			Amount . (\$)
	Payee address; City; State; Zip Code			
	Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
	Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
	1			Reimbursement

Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE H TO A BUSINESS OF C/OH 1 Total pages Schedule H: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Amount 5 Business name Date (\$) City; State; Zip Code 6 Business address; .. Complete if direct expenditure to benefit C/OH .. 8 Purpose of payment Candidate / Officeholder name Office sought / held Amount **Business** name Date **(S)** City; State; Zip Code Business address; Purpose of payment Cal Office sought / held Amount Date Business name (\$) City; State; Zip Code Business address; -- Complete if direct expenditure to benefit C/OH --Purpose of payment Candidate / Officeholder name Office sought / held Amount Date Business name (\$) City; State; Zip Code Business address; · Complete if direct expenditure to benefit C/OH ·· Purpose of payment Office sought / held Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Eurics Cor	nmission P.O. Box 12070 Austin, Texas 78711-2070	(512)	63-5800	1-800-325-850
	POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		SCHE	DULE !
The Instruc	пом Guide explains how to complete this form.	1 Total pages Sche	dule 1;	
2 FILER NA	ME	3 ACCOUNT# (Eth	ics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	*		ount S)
	7 Purpose of expenditure			
Date				
Date	Payee name Payee address; City; State; Zip Code			ount 5)
	Purpose of expenditure			
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure		Amc (\$	ount
Date	Payee name Payee address; City: State; Zip Code Purpose of expenditure		Amo (\$	
Date	Payee name Payee address; City; State; Zip Code		Amo (\$)	
	Purpose of expenditure			

e Instruct	ION GUIDE explains how to complete this form.	Total pages Schedule K:
ILER NAM	ME 3	ACCOUNT # (Ethics Commission filers)
Date	5 Payor name 6 Payor address; City: State; Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name Payor address: City: State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	